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The SLPs Role in Caring for the Adult and Geriatric Populations

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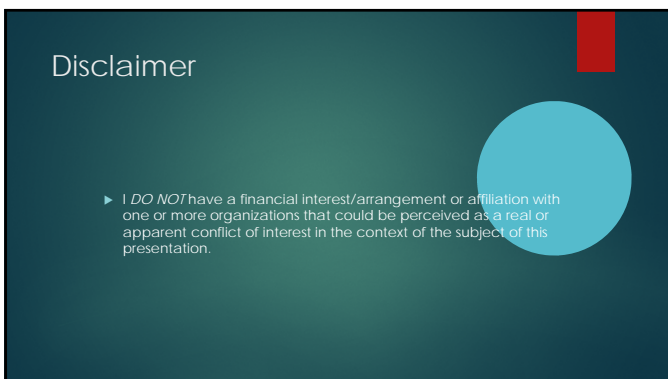
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The SLPs Role in Caring for the Adult and Geriatric Populations







Outline

- ▶ Introduction
- ▶ General roles of an SLP
- ▶ SLPs role with patients commonly seen in primary care
- ▶ Treatment
 - ▶ How an SLPs knowledge can help those in primary care
- ▶ New clinics at ETSU
- ▶ Discussion from client



Who am I?



General roles of a Speech-Language Pathologist

- ▶ Evaluate, diagnose and treat speech, language, voice, cognitive-communication and swallowing disorders in various populations

Additional responsibilities...

- ▶ Counsel patients and their families (Pompon et al., 2015)
- ▶ Coordinate with other team members (physicians, nurse practitioners physical/occupational therapists, dietitians)
- ▶ Assess for the ability to use and write reports in support of augmentative-alternative communication (AAC) devices
- ▶ Conduct research

Where do adult-focused SLPs work?

- ▶ Acute care hospitals
- ▶ Rehabilitation hospitals
- ▶ Long term care facilities/Skilled nursing facilities
- ▶ Private practice
- ▶ Home health
- ▶ Outpatient clinics
- ▶ Specialty centers for adults with acquired or developmental disabilities

Source: asha.org

Possible causes of speech, language, voice, cognitive or swallowing problems

- ▶ **Acquired Brain Injury**
 - ▶ *Concussion/Mild Traumatic Brain Injury (TBI)*
 - ▶ Cognitive Deficits
 - ▶ *TBI*
 - ▶ Aphasia, Dysarthria, Apraxia, Cognitive Deficits, Dysphagia

Causes continued

- ▶ **Neurological condition**
 - ▶ *Peripheral Nervous System*
 - ▶ Myasthenia Gravis
 - ▶ Dysarthria, Dysphagia
 - ▶ Vocal Fold Paralysis
 - ▶ Voice disorder
- ▶ *Central Nervous System*
 - ▶ Parkinson's Disease
 - ▶ Dysarthria, Dysphagia
 - ▶ ALS
 - ▶ Dysarthria, Dysphagia
 - ▶ Dementia
 - ▶ Cognitive-Communication deficits, Aphasia, Dysphagia
 - ▶ Stroke
 - ▶ Aphasia, Apraxia, Dysarthria, Dysphagia, Cognitive Deficits,

Dysphagia

- ▶ **Dysphagia** is difficulty swallowing. It can affect the oral phase, pharyngeal phase, esophageal phase, or a combination

- ▶ Evaluate and determine type of dysphagia
- ▶ Make dietary recommendations
- ▶ Provide direct treatment for dysphagia

Your role:

- Notice initial signs of dysphagia
- Referrals
- Help pt/family understand possible treatment options

Voice Disorders

- ▶ A **voice disorder** is any change in vocal quality that impacts personal or occupational functioning

- ▶ Comprehensive evaluation of vocal function
 - ▶ Listen
 - ▶ Visualize vocal cords

- ▶ Provide voice therapy for a variety of voice disorders
 - ▶ Hygienic
 - ▶ Symptomatic
 - ▶ Physiologic
 - ▶ Eclectic

- ▶ Work to restore communication in total laryngectomy
 - ▶ Electrolarynx
 - ▶ Esophageal speech
 - ▶ TEP prosthesis

Your role:

- Identify voice disorder
- Make appropriate referrals
 - Hoarseness > 2 weeks?
- Educate on vocal hygiene
 - Rest, H₂O, ↓ throat clearing and caffeine
- Managing GERD

Source: Stemple et al., [pdf]

Apraxia

- ▶ **Acquired Apraxia of speech** is a motor speech disorder that impacts the brain's ability to program and relay motor commands from the brain to the mouth (ASHA.org)
 - ▶ Primarily impacts articulation and prosody
- ▶ Sometimes resolves quickly in the acute phase, however often is a chronic condition impacting communication
- ▶ Goal of therapy is to achieve the highest level of functional communication possible
- ▶ Treatment approaches (Ballard et al., 2015)
 - ▶ Articulatory-kinematic
 - ▶ Rate and or rhythm control
 - ▶ Augmentative-Alternative Communication (AAC)

Dysarthria

- ▶ **Dysarthria** is a motor speech disorder that results from weakness, paralysis or incoordination in the muscles used for speech production
 - ▶ Can affect all systems: phonation, articulation, resonance
- ▶ Conduct a comprehensive assessment
 - ▶ Determine type/severity
- ▶ Treatment approaches
 - ▶ Strengthen muscles
 - ▶ Training in compensatory strategies
 - ▶ Prosthetics/AAC
 - ▶ Family/caregiver training

Your role:

- Identification
- Referrals
 - Stroke/TBI?
 - SLP
 - Unknown cause?
- Neurologist
- Provide information on ways to improve communication
 - AAC
 - Compensatory strategies

Source: Duffy (2005)

Communicating with persons with *motor-speech disorders*

- ▶ Determine their language abilities
- ▶ Just because they have a communication disorder does not mean they can not understand
- ▶ Encourage multiple modalities of communication (e.g., written, verbal)
- ▶ Be honest, if you don't understand something, ask them to repeat it
- ▶ Encourage them to use compensatory speech strategies
 - ▶ Slow rate
 - ▶ Increased volume
 - ▶ Over articulation

Aphasia

- ▶ **Aphasia** is a communication disorder affecting the brain's ability to use and understand language
- ▶ Conduct a comprehensive evaluation
 - ▶ Standardized or non-standardized assessment of receptive/expressive language
- ▶ Many treatment approaches to target aphasia
 - ▶ Language Impairment-Based Treatment
 - ▶ Activities/Participation-Based Treatment
 - ▶ Pragmatic Treatment

Source: asha.org

Living with Aphasia- Framework for Outcome Measurement (A-FROM)



Source: Kagan (2011)

Cognitive Deficits

- ▶ Deficits in attention, visual processing, memory, executive function, emotional behavior
- ▶ Complete comprehensive evaluation
 - ▶ Dementia staging (O'Brien et al., 2008)
- ▶ Develop treatment plan to meet each *individual's* needs
- ▶ Example treatment approaches
 - ▶ Compensatory memory strategies
 - ▶ Orientation training
 - ▶ Attention training (focused, alternating)
 - ▶ Executive function training (planning, organizing)

Example cognitive therapy activities



Your role:

- Identification
- Referrals
 - SLP? Neurologist?
- Provide information on ways to improve communication
 - AAC
 - Compensatory strategies
- Provide information in a way that they can understand

Communicating with persons with language or cognitive-communication disorders

- ▶ Determine their language abilities
- ▶ Provide information in a way that they will understand
- ▶ Receptive language deficits?
 - ▶ Speak slowly
 - ▶ Use shorter phrases
 - ▶ Ask simple questions/provide simple directions
 - ▶ Provide handouts for discussed information
- ▶ Expressive language deficits?
 - ▶ Use visuals e.g., pain scale
- ▶ Encourage multiple communication modalities



AAC

- ▶ "No-Tech" Options



1	A	B	C	D	Yes	No	More words
2	E	F	G	H	Me	With	Other words
3	I	J	K	L	M	N	Signs
4	O	P	Q	R	S	T	Picture of object
5	U	V	W	X	Y	Z	+
6	What	When	Who	Why	How	Yes	No

AAC

► "High-Tech" Options



SLPs role in getting AAC devices funded

- Complete comprehensive evaluation
 - Speech intelligibility (%)
 - Speech rate
 - Expressive/receptive language skills
 - Cognitive abilities
- Write report for insurance companies
 - Why is this means of communication better than any others
 - Physical limitations (eye-gaze)



New clinics at ETSU

- Sports related concussion management clinic
- Interdisciplinary ALS clinic



Concussion Management

- ▶ Integral part of the concussion management
- ▶ Conducts baseline screening
- ▶ Conducts post-concussion screening
- ▶ Works with schools to provide academic accommodations for players
- ▶ Provides data to team physicians to assist in return-to-play decisions

Your role:

- Provide evidence based recommendations on physical/cognitive rest
- Academic accommodations
- Referrals if needed
- Post-concussion syndrome

Source: Salvatore et al., (2011)

Gary Schealy ALS Clinic

- ▶ Interdisciplinary team coordination of care for our clients
- ▶ Team members include
 - ▶ PT/OT/SLP, RT, Neurologist, Pharmacist
- ▶ SLPS role:
 - ▶ Assess swallowing, speech
 - ▶ Make recommendations as appropriate (compensatory strategies, modified diet, AAC device)
 - ▶ Traditional dysphagia/dysarthria treatment not indicated

Your role:

- Identify early signs/symptoms of ALS
- Referrals
- Knowledge of disease progression and treatments including medications
 - Resources from ALS association
- Counsel patients/caregivers

Meet Dale and Lisa Boyd!!

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Thank You!